PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 491442003100		
Application Number 10/817,290	Filed	April 2, 20	04	
For PREREQUISITE-BASED SCHEDULER				
Art Unit 2195		Examiner	Camquy T	ruong
This is a request under the provisions of 37 CFR 1.1 identified application. The requested extension and fee are as follows (che				
	Fee	Small Entity F		•
X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	120.
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080		
X The Director has already been authorized to	charge fees in this a	application to a De	eposit Accour	nt.
The Director is hereby authorized to charge a Deposit Account Number 03-1952	any fees which may I-have enclo Transmittal	be required, or cr psed a duplicate c form (PTO/SB/17	edit any over	payme eet. Fo
X The Director is hereby authorized to charge a	any fees which may I-have enclo Transmittal	be required, or cr sed a duplicate c	edit any over	payme eet. F
The Director is hereby authorized to charge a Deposit Account Number 03-1952	any fees which may I-have enclor Transmittal submission . ire interest. See 37	be required, or cresed a duplicate of form (PTO/SB/17 in duplicate.	redit any over opy of this sh) is attached	payme eet. F
The Director is hereby authorized to charge a Deposit Account Number 03-1952 I am the applicant/inventor. assignee of record of the enti	any fees which may I-have enclor Transmittal submission ire interest. See 37 3.73(b) is enclosed	be required, or cresed a duplicate of form (PTO/SB/17 in duplicate. CFR 3.71. I. (Form PTO/SB/	redit any over opy of this sh) is attached (96).	payme eet. Fo
The Director is hereby authorized to charge a Deposit Account Number 03-1952 I am the applicant/inventor. assignee of record of the enti- Statement under 37 CFR	any fees which may I-have enclor Transmittal submission ire interest. See 37 3.73(b) is enclosed Registration Numbe	be required, or cresed a duplicate of form (PTO/SB/17 in duplicate. CFR 3.71. I. (Form PTO/SB/	redit any over opy of this sh) is attached (96).	payme eet. Fo
The Director is hereby authorized to charge a Deposit Account Number 03-1952 I am the applicant/inventor. assignee of record of the enting Statement under 37 CFR attorney or agent under 37 CFR attorney or agent under 37 CFR Registration number if acting to the second statement under 37 CFR attorney or agent	any fees which may I-have enclor Transmittal submission ire interest. See 37 3.73(b) is enclosed Registration Numbe	be required, or cresed a duplicate of form (PTO/SB/17 in duplicate. CFR 3.71. I. (Form PTO/SB/er44,197	redit any over opy of this sh) is attached (96).	payme eet. Fo
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The Director is hereby authorized to charge a Deposit Account Number 03-1952 I am the applicant/inventor. assignee of record of the enting Statement under 37 CFR attorney or agent under 37 CFR attorney or agent under 37 CFR Registration number if acting to the second statement under 37 CFR attorney or agent	any fees which may I-have enclor Transmittal submission ire interest. See 37 3.73(b) is enclosed Registration Numbe	be required, or cresed a duplicate of form (PTO/SB/17 in duplicate. CFR 3.71. I. (Form PTO/SB/er	redit any over opy of this sh) is attached (96).	payme

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Approved
U.S. Patent and Trademark
Under the Pagatwork Reduction Act of 1995, no person are required to respond to a collection of information

Effective on 12/08/2004.

Facepagaganus the Consolidated Appropriations Act, 2005 (H.R. 4818).

Application Number 10.

PTO/SB/17 (02-07)
Approved for use through 02/28/2007. OMB 0651-0032

Under the Par	Detwork Reduction Act of 1	995, no person are required to		tent and Trademar						
Under the Paperwork Reduction Act of 1995, no person are required to			Complete if Known							
Figes Physical Letter Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number 10		10/817,290						
FFF	TRANS	ΛΙΤΤΔΙ	Filing Date	. A	pril 2, 2004					
			First Named Inventor Ma		Marc Timothy JONES					
For FY 2007			Examiner Name Ca		Camquy Truong					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 21		2195					
TOTAL AMOU	NT OF PAYMENT	(\$) 120.00	Attomey Doci	ket No. 4	91442003100)				
METHOD OF	PAYMENT (check a	all that apply)								
Check	Credit Card	Money Order No	ne Öth	er (please identif	fy):					
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP										
For the	above-identified depo	sit account, the Director i	s hereby autho	rized to: (check	all that apply)					
	narge fee(s) indicated						filing fee			
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee x Charge any additional fee(s) or underpayments of Credit any overpayments										
	e(s) under 37 CFR 1.	16 and 1.17		on any overpa	monto					
FEE CALCUL	ATION									
1. BASIC FILIN	G, SEARCH, AND EX									
·	FIL	ING FEES SE Small Entity	ARCH FEES Small Enti		ATION FEES Small Entity	i				
Application Ty	<u>/pe Fee (\$)</u>			Fee (\$)	Fee (\$)	Fees Paid	d (\$)			
Utility	300	150 500	250	200	100	0				
Design	200	100 100	50	130	65	0				
Plant	200	100 300	150	160	80	0	0			
Reissue	300	150 500	250	600	300	0	0			
Provisional	200	100 0		0	0	0				
2. EXCESS CLA	AIM FEES					Sn	nall Entity			
Fee Description						Fee (\$).	Fee (\$)			
Each claim over	r 20 (including Reisst	ies)				50	25			
Each independe	nt claim over 3 (inclu	ding Reissues)	•			200	100			
Multiple depend	lent claims					360	180			
Total Claims	Extra Claims	Fee (\$) Fee	Paid (\$)	Mu	Itiple Depende	ent Claims				
	- = x		0	<u>Fee</u>	(\$)	Fee Paid (\$)				
HP = highest num	ber of total claims paid for,	if greater than 20.				0				
Indep. Claims	Extra Claims	Fee (\$) Fee	Paid (\$)							
	. = x		00							
HP = highest num	ber of independent claims	paid for, if greater than 3.				•				
3. APPLICATIO		1100 1								
		ceed 100 sheets of paper he application size fee d								
		5 U.S.C. 41(a)(1)(G) and			iny) for each a	idditional 50				
Total Sheet					Fee (\$)	Fee Pai	id (\$)			
	- 100 =			whole number) x	. ———	= 0				
4. OTHER FEE		-		•		Fees Pa	aid (\$)			
	•	fee (no small entity dis-	count)			•				
	•	1251 Extension for re		n first month		120.	00			
SUBMITTED BY										
Signature	antil		Registration No.	44,197	Telephone	(213) 892-5	5752			
Name (Print/Type)	Genn M. Kubota		T & months Mouth		Date	· · · · · · · · · · · · · · · · · · ·				

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